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RURAL EXPANSION OF AFGHANISTAN'S COMMUNITY-BASED HEALTH CARE (REACH)

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## LIST OF ACRONYMS / ABBREVIATIONS

AEAWHP	Association for the Empowerment of Afghan Women Health Professionals
AED	Academy for Education and Development
AQS	Access to Quality Services
AWD	Acute Watery Diarrhea
AWRC	Afghan Women Resource Center
BCC	Behavior Change Communication
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CBHC	Community Based Health Care
CGHN	Consultative Group on Health and Nutrition
CHC	Comprehensive Health Center
CHS	Community Health Supervisor
CHW	Community Health Worker
CM	Community Mapping
CME	Community Midwifery Education
CSC	Civil Service Commission
DMU	Drug Management Unit
DOTS	Directly Observed Treatment – Short Course
EC	European Commission
EOC	Essential Obstetric Care
EmOC	Emergency Obstetric Care
EOP	End-of-Project
EPHS	Essential Package of Hospital Services
ERTA	Educational Radio and TV of Afghanistan
FFSDP	Fully Functional Service Delivery Point
FSR	Facility Status Report
GCMU	Grants and Contracts Management Unit
HMIS	Health Management Information system
HMIR	Hospital Monthly Integrated Report
HMN	Health Metrics Network
HMTF	Hospital Management Task Force
HRD	Human Resource Development
HSR	Hospital Status Report
IEC	Information, Education, and Communications
IHS	Institute of Health Sciences
IMAT	Inventory Management Assessment Tool
IP	Infection Prevention
IR	Intermediate Result
JHPIEGO	a not-for-profit international public health organization affiliated with Johns Hopkins University
LfL	Learning for Life
LLU	Loma Linda University
MIAR	Monthly Integrated Activity Report
MIS	Management Information System
MOPH	Ministry of Public Health
MOWA	Ministry of Women Affairs
MRC	Management Resource Center
MSH	Management Sciences for Health

NGO	Non-governmental Organization
NTP	National TB Program
PHA	Public Health Advisor
PPA	Performance-based Partnership Agreement
PPG	Performance-based Partnership Grants
PPHCC	Provincial Public Health Coordination Committees
PPHD	Provincial Public Health Director
PPHO	Provincial Public Health Office
PQI	Performance Quality Improvement
PRR	Priority Reform and Restructuring
PSS	Provincial Support and Strengthening
REACH	Rural Expansion of Afghanistan Community-based Health Care
RFA	Request for Application
RH	Reproductive Health
SBM	Standards-Based Management
SMP	Social Marketing Program
SWS	Safe Water System
TAG	Technical Advisory Group of the MOPH
TAI	Technical Assistance, Inc.
TB	Tuberculosis
TDY	Temporary Duty
TOT	Training of Trainers
UMass	University of Massachusetts
USAID	United States Agency for International Development
WAKH	Wazir Akbar Khan Hospital
WB	World Bank
WHO	World Health Organization

## **REACH NGO GRANTEES**

AADA	Association for Assistance and Development of Afghanistan
ADRA	Adventist Development and Relief Agency
AHDS	Afghan Health and Development Services
AKDF	Aga Khan Development Foundation
AMI	Aide Medical International
ARDC	Afghan Rehabilitation and Development Center
BDF	Bakhtar Development Foundation
BRAC	Bangladesh Rural Advancement Committee
CAF	Care of Afghan Families
CHA	Coordination of Humanitarian Assistance
CoAR	Coordination of Afghan Relief
CURE	Cure International
FG	Future Generations
HWW	Hope Worldwide
Ibn Sina	
IMC	International Medical Corps
IAM	International Assistance Mission
IRC	International Rescue Committee
LLU	Loma Linda University (in negotiation)
Medair	
Merlin	Medical Emergency Relief International
MOVE	MOVE Welfare Organization
NAC	Norwegian Afghanistan Committee
NPO/RRAA	Norwegian Project Office/Rural Rehabilitation Association for Afghanistan
SC/UK	Save the Children UK
SC/US	Save the Children US
SDF	Sanayee Development Foundation
SGAA	Sandy Gall's Afghanistan Appeal
STEP	STEP Health and Development Organization
WVI	World Vision International

## **REACH/LfL NGOs**

AHDO	Agricultural and Health Development Organization
AWEC	Afghan Women's Education Center
CoAR	Coordination of Afghan Relief
FG	Future Generations
JACK	Just for Afghan Capacity and Knowledge
SDF	Sanayee Development Foundation
PSD	Partners for Social Development

## EXECUTIVE SUMMARY

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched in May 2003 by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID) to address the health of women of reproductive age and children under age five. The REACH strategic objective is to increase the use of basic health services by these two target groups, especially those living in rural and underserved areas.

Five REACH technical units—Access to Quality Services (AQS), Ministry of Public Health (MOPH) Capacity Building, Provincial Support and Strengthening (PSS), Social Marketing Program (SMP) and Training and Education (T&E)—implement activities designed to attain the strategic objective through achieving three intermediate results:

- Expanded access to quality Basic Package of Health Services (BPHS)
- Improved capacity of individuals, families, and communities to protect their health; and
- Strengthened health systems at the national and provincial levels.

As the REACH contract will end on 30 September, 2006, a number of activities begun earlier in the project were consolidated and others were finalized during this reporting period. According to REACH's phased close out plan, several of the technical units of the project completed their planned activities. All REACH field offices also closed during this reporting period.

REACH continued managing grants for delivery of the Basic Package of Health Services (BPHS) and subcontracts for refresher training and hospital/training center design. Grant and subcontract cost-reimbursements in the amount of \$16.9 million were made to these grantees and sub-contractors. The work of all grantees and subcontractors was celebrated in an appreciation ceremony and reception held at the REACH Karte Seh compound on 26 April as many of these agreements ended on 30 April.

Prior to the BPHS grant end dates, routine monitoring of NGO grantee activities continued through visits to 130 Health Facilities and 277 Community Health Workers (CHW). In anticipation of the follow-on grants to NGOs which will be handled by the Ministry of Public Health (MOPH) Grants and Contracts Management Unit (GCMU), REACH staff worked with GCMU staff to develop processes and tools for managing the MOPH's Performance-based Partnership Grants (PPG). REACH also provided technical and financial support to assist the GCMU with deliberations, selection and negotiations with NGOs. REACH assisted the MOPH with analyzing the total cost of the PPG portfolio, identifying cost cutting measures, and drafting an overall work plan for the 21 district clusters. Handover of REACH-supported BPHS and EPHS health facilities to the NGOs selected to implement the PPG program was completed in all REACH areas.

In its support to strengthening provincial and other hospitals, REACH continued to provide schematic drawings and functional and space allocation programs for a number of hospitals in Kabul and other cities. Work also began on the designs for regional and provincial midwifery schools and dormitories.

REACH provided US \$ 1,030,350 in drugs to NGO grantees for distribution to health facilities and CHWs and grantees received monitoring and in-service training visits aimed at improving drug management at warehouses and health facilities. NGOs received information regarding the

Pharmaceutical Supply Management Assessment and were oriented to the Inventory Management Assessment Tool (IMAT). NGO grantees have begun using the IMAT in several provinces.

Three-week introductory training courses were conducted for a total of 150 Community Health Supervisors (CHS) to complete REACH's planned training of this important group of public health workers. Revised Community Health Worker (CHW) training manuals were finalized and published in both English and Pashto for distribution to CHWs, CHSs and to NGO CHW trainers. Final planned training for CHW trainers and supervisors in the use of the community-level Pictorial Register was carried out for 106 participants. These activities complete REACH's work with the Community Based Health Care program initiatives.

Midwifery training activities continued during this reporting period and many of the REACH supported midwifery courses closed with the graduation of 117 community midwives from programs in five provinces and the graduation of 372 midwives from Institute of Health Science programs in Jalalabad, Herat, Mizar-e-Sherif, and Kabul. The MOPH Executive Board endorsed the National Intrapartum Care Guidelines, the National Essential Obstetric Care Training Package, the National Strategy on the Reduction of Morbidity and Mortality from Post Partum Hemorrhage, the National Safer Home Birth Guidelines and the revised Partograph, all of which were developed with REACH technical assistance.

Two REACH Safe Motherhood Unit staff participated in an international conference in New Delhi, India, on certification of midwifery practice and the accreditation of midwifery schools. Other midwifery training school accreditation initiatives were carried out in Afghanistan through several workshops and accreditation visits to a number of the training schools. Midwifery faculty benefited from training and technical assistance on a variety of issues including family planning, infection prevention, and effective teaching skills. In addition to these midwifery training activities, REACH's work in the area of Essential Obstetric Care continued through basic and advanced courses held in a number of sites throughout the country.

Planned refresher training activities ended during this period with the completion of 358 training modules by doctors, nurses and midwives and one refresher training course for 15 laboratory staff. In addition a comprehensive evaluation to assess the impact of refresher training was carried out to determine knowledge retention and professional performance of trainees.

REACH's temporary stewardship of the social marketing program, which began in October 2005, continued through March 2006. During this time, 3.3 million socially marketed health products were sold. In addition, the social marketing team provided training to almost 1350 pharmacists, female *shura* members, midwives, religious leaders, and CHWs. Training subjects included birth spacing methods, safe water systems, and Clorin use.

Social marketing research and communication activities included a pharmacy survey, printing of Clorin posters, and hanging birth spacing banners in Kabul city. Several media initiatives were also undertaken including agreements for production and broadcasting radio spots with two radio/TV companies as well as the broadcast of a quiz show on birth spacing, a roundtable discussion on reproductive health and birth spacing, and interviews with staff of the Ministry of Women's Affairs and patients at Rabia Balkhi hospital about reproductive health. REACH social marketing unit signed agreements with the Kabul weekly Keled Magazine, Rah\_e Najat daily newspaper, and Salam Watandar Magazine to release an article summarizing the TV round table discussion.



REACH's work in social marketing came to an end on March 31, 2006. The USAID-funded COMPRI-A project will continue social marketing activities from April 1, 2006.

REACH's Learning for Life (LfL) initiative, a nine-month health-based accelerated adult literacy and learning initiative to pre-qualify women in rural areas for CHW and Community Midwifery training, made significant progress. A total of 6751 women completed the literacy curriculum during this reporting period bringing the total number who completed the LfL program over the life of REACH to well over 8,000 rural women. While support for all training initiatives officially ended during this period, some village learning groups decided to continue without funding due to a high demand for these services. A field evaluation of the LfL initiative was carried out by the subcontractor, University of Massachusetts, and the final subcontract report and a report of the evaluation were submitted to REACH.

Capacity building for staff of the MOPH, at both the provincial and central levels, registered many achievements in both new and continuing activities prior to the phase out of these program components in March and April, respectively. REACH's support to the Provincial Public Health Offices (PPHO) and Provincial Public Health Coordination Committees (PPHCC) continued as before with assistance for planning and implementation of field level PPHCC meetings and also with planning for the quarterly provincial coordination workshop held by the MOPH in Kabul. REACH conducted a Management and Leadership (M&L) workshop 59 participants from PPHCCs, PPHOs, NGOs and REACH staff in Kabul and Faryab provinces. A Leadership Development workshop was conducted for 15 departmental heads of Herat Regional Hospital.

The quality of services at health facilities continued to be measured and addressed through REACH's Fully Functional Service Delivery Point (FFSDP) initiative. During this period, a number of FFSDP training events were conducted with NGO and PPHO staff. Twenty-four master trainers from the MOPH and the implementing NGO partners from selected non-REACH provinces were also trained in preparation for transfer of the methodology to the MOPH for national use. An FFSDP Task Force was established in the MOPH with representation of MOPH, donors and NGOs. REACH staff also provided support to the NGO grantees to complete the second and third rounds of external FFSDP evaluations. Reports of these two rounds of FFSDP evaluations were prepared.

REACH continued its intensive efforts to strengthen the capacity of the central MOPH through active participation in many of its key stakeholder and technical committees and taskforces. Highlights of these initiatives include support to the Ethical Review Board in reviewing proposed study protocols and providing technical and ethical guidance for principal investigators; developing a health facility monitoring tool which was approved for national use; and developing the strategy and structure for the Afghan Public Health Institute.

REACH also played a major role in providing overall logistics and technical support to the MOPH for its successful Regional Health Conference which concluded with the signing of a Kabul Declaration for collaboration and cooperation in fighting communicable diseases by seven participating countries.

The revised MOPH Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) were translated into Pashto and 5,000 copies of each package were printed in English, Dari and Pashto with support from REACH. Hospital Management

The REACH Hospital Improvement Initiative registered a number of achievements including the completion of a series of 12 workshops on Hospital Management out of which a Hospital

Management Training Manual was developed for use by the MOPH in its Hospital Reform Project. REACH also assisted the MOPH with a US\$10 million hospital improvement project funded from the Government of Afghanistan's overall development budget. REACH supported the MOPH in developing the National Policy on Hospital Standards and in updating the annual action plan for the Hospital Management Task Force. Efforts also continued in orienting hospital managers and staff about Standards-based Management (SBM), a system for improved performance in provision of clinical care in hospitals, for use throughout Afghanistan.

The national Health Management Information System (HMIS) achieved a new level of performance through widespread and successful training initiatives to orient nearly 500 health facility managers, their supervisors, and MOPH provincial staff to analyze and use data from the HMIS. General HMIS training continued with over 400 NGO grantee HMIS officers and facility staff receiving refresher training. In preparation for hand over of the HMIS for full operation by the MOPH, a number of database training events were completed for provincial and central MOPH staff. The REACH MIS team also developed forms and reprogrammed the HMIS database to incorporate the new Hospital HMIS into the national system. Forty hospital staff from both REACH and MOPH-supported hospitals were trained in the the new hospital HMIS.

With the identification of avian influenza (AI) in Afghanistan, REACH's Emergency Health Preparedness initiatives increased. Activities included providing technical assistance and assessments to develop a comprehensive strategy to control AI in Afghanistan with the National Committee on Avian Influenza and Deputy Minister of Public Health and helping to identify resources to support the strategy. REACH also provided training in Emergency Preparedness and Response for 60 hospital managers and specialist physicians.

Assistance to the MOPH in working with the Global Fund for AIDS, TB, and Malaria focused primarily on tuberculosis initiatives. National TB Program guidelines were finalized and REACH assisted in developing and printing the National TB Program Operational Plan for distribution to BPHS implementers. REACH oriented a number of health providers to community-based Directly Observed Therapy, Short Course (DOTS) and a pilot effort was initiated and monitored to test this approach.

Other support to the MOPH was provided by REACH included brokering a Memorandum of Understanding between the North Central London College/Kabul Branch and the Minister of Public Health to set up an independent testing and certification board for licensing and specialist training for doctors; assisting with the revision of the Human Resources Policy, renovating the Grants and Contracts Unit (GCMU) of the MOPH; and providing specialist consultants to the GCMU for a period of 6 months to support the management of the new Performance-based Partnership Grants financed by USAID.

REACH's gender initiative wrapped up during this period with several important activities. A successful Management and Leadership workshop was held for 50 members of the Association for the Empowerment of Afghan Women Health Professionals, a relatively new organization with high potential to address maternal and child health needs in Afghanistan. The Gender Unit also developed, tested and produced 10,000 copies of a gender awareness calendar which was distributed to MOPH, REACH NGO grantees and the Ministry of Women's Affairs for further distribution to their constituencies. Gender Awareness training continued for MOPH personnel and Community Midwifery students. The successful REACH Gender Awareness Training Manual was translated into 3 languages, formatted for reproduction and submitted to the MOPH for their endorsement and use.

REACH's Planning, Monitoring and Evaluation (PM&E) Unit focused a great deal of its attention on planning and providing technical assistance to NGO grantees for undertaking the End-of-Project (EOP) household survey of REACH results in ten key indicators. The survey was completed and national-level preliminary survey results were presented at a technical seminar at the MOPH and also in an Auxiliary Event at the annual meeting of the Global Health Council in Washington, D.C.. EOP results showed significant improvement over baseline data for 9 of the 10 key public health indicators measured. PM&E staff also presented a poster session about measuring project results at the annual meeting of the American Public Health Association.

PM&E also has responsibility for REACH's communication activities which were significant during this period. The Communication Team facilitated the filming of a USAID documentary titled *Putting Women on the Road to Economic Freedom*, through arranging interviews and film sites, responding to producer's questions, and critiquing early versions of the film. The REACH website ([www.msh.org/afghanistan](http://www.msh.org/afghanistan)) was completely revised and expanded during this period. Multiple project success stories and several press releases were developed and posted on the USAID website and/or the REACH website. Several stories were also published in the *Kabul Times*, a local English language paper. *The Hospitalist* published an article about REACH's Hospital Management Initiative.

By the end of May 2006, REACH had exceeded or made significant progress towards achieving project targets, as seen in the table below.

### REACH Achievements for Selected Activities

Indicator	Target (date)	Status (May 27, 2006) (% achieved)
# sites providing BPHS and EPHS services	324 (April 2006)	328 (100%)*
# people directly served by BPHS and EPHS (excludes those served by health posts)	5,100,000 (April 2006)	6,171,387 (121%)
Pharmaceuticals and Commodities delivered	\$7,200,000 (Life of project)	\$ 4,894,947 (68%)**
Trained health care workers Active CHWs Midwives (pre-service)	4,414 (April 2006) 868 (August 2006)	6,240 (141%) 743 (86%)
Number of women enrolled in the accelerated literacy program	5641 (Life of project)	8,597 (152%)

\* Denotes status as of 30 April

\*\* Any of these products remaining in the REACH warehouse at the end of the REACH contract will be handed over for use by the USAID follow on project.

This report on REACH activities from December 2005-May 2006 reflects a period of full project implementation but also the beginning of close out and phase down of staff in anticipation of the end of the project, originally scheduled for May 2006, but extended to September 2006. Despite continued security concerns and severe winter weather conditions which delayed some planned work, the REACH Program was able to implement nearly all planned activities in support of the MOPH and the provision of basic health services. As REACH completes close out activities under the current contract, this report highlights the significant achievements in REACH's efforts towards making quality health care accessible to the Afghan people.

## INTRODUCTION

### Background

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched on May 16, 2003, by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID). REACH's strategic objective is to increase the use of basic health services by women of reproductive age and children under five. To fulfill this mandate, REACH enters into grant agreements with numerous local and international non-governmental organizations (NGOs) to provide a Basic Package of Health Services (BPHS). During the period of this report, REACH worked in partnership with the following external subcontractors to undertake activities and reach the achievements reported: Academy for Educational Development (AED), JHPIEGO, Technical Assistance Inc. (TAI), and the University of Massachusetts/Amherst.

During the course of this reporting period and with the assistance of the Program's support services, five REACH technical programs addressed the Program's three intermediate results (IR) through five activity components, as follows:

#### **IR 1 Expanded access to quality Basic Package of Health Services (BPHS)**

- Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach <sup>1</sup>
- Improving the capacity of health providers to provide services in rural areas and health facilities <sup>2</sup>
- Developing a social marketing program for contraceptives and other health products <sup>3</sup>

#### **IR 2 Improved capacity of individuals, families, and communities to protect their health**

- Implementing behavior change communication (BCC) to promote healthful practices through public health education programs, including interpersonal communication and counseling (IPCC) by community health workers and community midwives, and through multi-media communication campaigns <sup>4</sup>

#### **IR 3 Strengthened health systems at the national and provincial levels**

- Improving the capacity of the Ministry of Public Health (MOPH) to plan and manage, allocate resources, increase human capacity, strengthen the health information system, monitor and evaluate the BPHS program, make management and policy decisions based on data, and manage the essential drug supply system at national and provincial levels <sup>5</sup>

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<sup>1</sup> REACH support to all NGO grantees (except one) to implement this activity ended April 30, 2006.

<sup>2</sup> REACH support for training activities with the exception of two midwifery grants came to an end on April 30, 2006.

<sup>3</sup> This component was returned to the REACH Program for implementation, for the period 1 October, 2005 to 31 March, 2006 after which it was handed over to the new COMPRI-A project. See p. 20 for a report of all Social Marketing activities during this reporting period.

<sup>4</sup> REACH-support for BCC activities ended May 15, 2006.

<sup>5</sup> REACH support for strengthening the MOPH at provincial level ended on March 30, 2006 and at central level on April 15, 2006.

During this reporting period, REACH program activities began to be phased out as noted in the footnotes for each activity component.

### **Key Activities of the REACH Program**

The REACH Program awards performance-based grants to Afghan and international NGOs for expansion of the health service infrastructure and delivery of the BPHS in underserved provinces and districts. REACH also supplies grantees with technical assistance and provides drugs, training, and other in-kind supplies.

REACH works in partnership with the Ministry of Public Health (MOPH) at central and provincial levels to build the Ministry's capacity to develop policy and to fulfill both its primary role (developing policies and strategies, and overseeing service delivery) and its secondary role (delivering services directly). REACH also works with the MOPH to strengthen its systems and skills in areas such as resource development, health management information, drug management, financial management and planning, human resource development, grants program management, and health sector leadership.

REACH emphasizes community-based health care (CBHC) through training and equipping Community Health Workers (CHW), Community Health Supervisors (CHS), community midwives, and other service providers to deliver basic services and information as part of an integrated system with community ownership. REACH empowers the community through mobilizing community leaders to support CHWs and to encourage community participation in the healthcare system

To support CBHC, REACH also ensures that health facilities, both those funded by REACH grants and by others, are staffed with trained health providers who have received REACH pre- and in-service training. REACH also undertakes regular monitoring and other initiatives to ensure the quality of services in these facilities.

Empowering women through health-related literacy and other gender awareness initiatives is also a key element in the REACH Program, as is behavior change communication to promote better health practices.

### **Structure of this Report**

This report reviews REACH activities under the three intermediate results (IRs) and by activity component for the six-month period December 2005-May 2006, presented as follows:

- The key achievements under each activity component
- Major constraints in implementation of activities
- Next steps and ways to facilitate the progress of the technical program

Five annexes present a list of short term technical advisors with their scopes of work, a list of trip reports and other documents produced, selected REACH outputs, a summary of service volume statistics, and preliminary findings of REACH's end-of-project household survey compared with baseline data.

## **REVIEW OF PROGRESS from December 2005 – May 2006**

### **IR 1: Expanded access to quality health care services based on the BPHS in health facilities and through community outreach in rural areas**

***Component 1: Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach***

#### **Achievements**

##### **Management of all grants to NGOs**

- Ongoing management of 43 grants and 7 sub-contracts (includes active BPHS grants and subcontracts for refresher training, NGO audits and hospital/training center design only) to NGOs and design firms continued this period through receipt and review of monthly and quarterly deliverables/progress reports from NGOs, review and payment of invoices, on-site monitoring and ongoing coordination with NGOs.
- REACH successfully closed out all 12 bridge grants.
- Cost-reimbursement payments of \$16,859,367 were made to grantees/sub-contractors for the period December 2005-May 2006. Cumulative payments to grantees/sub-contractors totals \$59,213,118 for the period July 2003-May 2006.

##### **Basic Package of Health Services (BPHS), Essential Package of Hospital Services (EPHS) and other Sub-Contracts and Grants**

- During this reporting period, REACH monitoring teams visited 130 Health Facilities and 277 Community Health Workers (CHW) of BPHS grantees in Paktia (IbnSina); Ghazni (NAC, BDF and SDF); Khost (IMC), Bamyan (IMC), and Paktika (IMC); Faryab (CHA); Baghlan (BDF and CAF); Jawzjan (SC-UK, SC-US); Faryab (SC-US); Takhar (Merlin, CAF), Herat (WV, NPO, COAR, CHA), Badakhshan (Medair, Merlin, CAF) and Kabul (IMC, BRAC, CAF and STEP).
- REACH technical staff visited Takhar and Badakhshan provinces to monitor the implementation of BPHS and Community Based Health Care (CBHC) programs by Merlin and CAF. Technical assistance was provided to improve the quality of BPHS services. Recommendations for follow up actions were shared with other REACH staff and the NGOs.
- A REACH technical team visited four Learning Centers in Kabul province supported by STEP and CAF on a bi-weekly basis for six months to provide focused and structured on-the-job training to their staff.
- REACH technical staff visited seven health facilities in Paktia and Khost provinces to observe the service delivery and on-the-job training, review the Health Management Information System (HMIS) tools, and provide feedback to NGO staff.
- REACH conducted an assessment of retention of training knowledge among 295 CHWs in 11 REACH priority provinces. This assessment included 43 randomly selected doctors and nurses in Kabul, Bamyan, Ghazni, Paktia and Khost provinces for comparison purposes,.
- During December and February, a REACH Financial Consultant and REACH grant management staff visited Future Generations, IbnSina, Medair, CHA, NPO, AKDN, BDF

- and CURE International to conduct financial reviews and provide feedback and guidance to the NGOs. No major findings were identified during the reviews with the one exception—CURE International. Payments to CURE International were suspended on January 26, 2006 pending implementation of corrective actions by the organization. During February and March, CURE effectively addressed the identified weaknesses with technical assistance and guidance from REACH. The suspension was lifted and payments were resumed in April 2006.
- A REACH Financial Consultant trained the MOPH Grants and Contracts Management Unit (GCMU) finance team to conduct Pre-award Surveys and conducted these reviews with GCMU staff at two newly established NGOs, AADA and MOVE, that will be funded by the USAID Performance-based Partnership Grants (PPG) to deliver the BPHS.
  - On December 20, key REACH finance and grants staff met with the REACH contracted audit firm, for an initial briefing on CoAR, STEP, CAF, SDF, AHDS, IbnSina. There were no major or material findings.
  - Final 2004 audits were received from the out contracted auditing firm, Ferguson, for STEP, Ibsina, CAF, CoAR, SDF and AHDS.
  - All final modifications (extension, re-budgeting, and change of standard USAID regulations) were issued to NGO grantees and signed.
  - REACH issued Grant modification # 7 to WVI Ghor to increase the ceiling to \$2,163,696 and to extend activities until the end of August 2006. The EC tender for Ghor Province has been delayed and this modification will ensure no gap in services.
  - REACH issued a no-cost extension to Future Generations Inc. The period of performance was extended to May 31, 2006, thereby allowing the grantee to complete its SOW at no additional cost.
  - REACH conducted face-to-face meetings with staff of CURE International and IbnSina/Mazar midwifery grant.
  - REACH held individual grant close-out planning meetings with all NGOs that requested additional guidance or that were delayed in implementing agreed upon actions in order to ensure a smooth close-out of REACH grants and smooth start-up of the USAID funded PPG.
  - REACH continued to work with the Ministry of Public Health (MOPH) Grants and Contracts Management Unit (GCMU) and newly engaged Grants Consultants to develop Performance-based Partnership Grants (PPG) processes and tools.
  - Technical deliberation meetings for the MOPH USAID PPG for delivery of the BPHS commenced on February 2 with technical and financial support from REACH. NGOs were selected and negotiations resulted in signed agreements with NGOs for 20 out of 21 clusters for an introductory period of May 1- July 30 to allow time for full negotiations for the next 21 months. One cluster in Badakshan will not begin activities until August 2006 as the funding from the previous donor will continue until then.
  - REACH assisted the MOPH with analyzing the total cost of the PPG portfolio, identifying cost cutting measures, and drafting an overall work plan for the 21 district clusters.
  - REACH assisted the MOPH in PPG negotiations and assisted with the signing ceremony on May 1 for the PPG grants program.
  - REACH met with GCMU and REACH follow-on project staff on data and information needs. An options paper on database maintenance in the MOPH is being drafted.
  - Grants Officers traveled to the seven provinces of Bamyan, Herat, Jawzjan, Faryab, Baghlan, Takhar, Kabul provinces to meet with the Provincial Health Director, REACH NGOs and the newly selected NGOs for the next phase PPG program funded by USAID. These provinces include those where the incumbent NGO was not selected to continue as

the PPG NGO implementer in selected clusters. The Grants Officer and the NGOs formalized plans for official handover of health facilities in accordance with the MOPH Handing-over Guidelines.

- REACH handover of BPHS and EPHS health facilities to the PPG program NGOs has been completed in all REACH areas. Copies of handover documents signed by the handover committee are on file or are being collected.
- REACH continued to support two Grants Consultants, one Financial Consultant (the second consultant resigned and will not be replaced during REACH), one IT and one HMIS Consultant. This staff continues to be involved in hands-on training at REACH and have also assumed their full responsibilities at the MOPH.
- AHDS closed three health facilities in Kandahar province due to serious insecurity in the area and their grant has been modified accordingly.
- On April 26, recipients of REACH grants (BPHS, EPHS, CM, MW, unsolicited, bridge, and refresher training) participated in an appreciation ceremony at the REACH office.
- REACH grants staff are continuing to work with grantees on submission and approval of their final reports and invoices.

#### **Supporting Provincial and Other Hospitals**

- A schematic drawing for the Jinnah 250-bed Hospital was reviewed and approved by REACH.
- A functional and space allocation program and justifications were prepared for the Rehabilitation and Artificial Limb Center in Jalalabad.
- A functional and space allocation program for a 350-bed maternal and infant care center was prepared and will be used for drawing a master plan for Malalai Hospital.
- A functional and space allocation program for Herat Regional TB Center (financed by WHO) was developed.
- A final schematic plan was reviewed for a 100-bed mother and infant care center located in Kabul province.
- On December 11, REACH conducted a kick-off/orientation meeting with Venco- Imtiaz Construction Company to start the design work for the Institute of Health Sciences (IHS) regional and provincial schools and dormitories. The contract period was December 8, 2005 to April 7, 2006.
- REACH reviewed and approved of the schematic design submitted by Venco-Imtiaz Construction Company for regional and provincial midwifery schools and dormitories.
- REACH reviewed and approved of the schematic design, development architectural drawings and preliminary structural, plumbing, heating and ventilation and electrical drawings for 50-bed, 100-bed and 250-bed hospitals to be constructed by Alpha Construction Company.
- The preliminary plans for the new Jamhuriat 350-bed hospital were finalized. The Chinese firm, BIAD, is responsible for the design of the project.
- A cost estimate and specifications for funding to renovate outpatient clinics to respond to avian flu were prepared.

#### **Provision of Essential Drugs and Commodities to BPHS Grantees**

- During the reporting period, REACH provided US \$ 1,030,350 in essential drugs and contraceptives to NGO grantees for distribution to health facilities and CHWs
- All health facilities and CHWs supported by USAID through REACH will continue to be supported by USAID through PPG, and all were provided with essential pharmaceutical stock to last through June 2006.
- Supply of essential pharmaceuticals to PPG NGOs began in May.



- Managing Drug Supply supervisory visits were made to Merlin and CAF in Badakhshan province. These were the follow up visits to formal training sessions to observe and provide on the job training.
- REACH Drug Management Officers participated in a TB orientation session on December 18. The workshop covered Afghan strategy and global objectives; Directly Observed Therapy, Short Course (DOTS); types of TB; chemotherapy; maintaining regular systems for TB drugs; and review of TB request/consumption forms.
- REACH conducted field visits to three warehouses and 10 health facilities belonging to BDF, NAC and SDF in Ghazni province in order to assess drug management practices at the health facility level and provide technical assistance.
- A meeting was held with NGO grantees to provide information regarding the Pharmaceutical Supply Management Assessment and introduction of the Inventory Management Assessment Tool (IMAT).
- Drug Management Officers and NGO Pharmacy Managers started application of IMAT in Kabul, Ghazni, Baghlan, Takhar, Faryab, Bamyan, Herat, Badakhshan, Paktia, Khost and Jawzjan provinces. It was not possible to include Kandahar and Paktika provinces in the assessment due to security restrictions.
- On May 1st the Drug Management Unit (DMU) began the data entry of information from all the drug management assessments conducted with REACH NGO grantees over the prior two months.
- REACH donated copies of technical pharmaceutical resources and documents to the MOPH Essential Drug Department.

#### **Clinic Construction Coordination**

- USAID provides funds to other contractors for the construction of 219 new health facilities in 32 provinces (125 REACH sites and 94 Non-REACH sites). The handing over process of newly constructed health facilities is ongoing. Out of 219 newly constructed health facilities, REACH was informed by USAID and the MOPH that 143 were substantially completed and handed over to the MOPH.
- REACH continued providing assistance to the MOPH by matching newly constructed clinics with NGOs to staff and manage these facilities.

#### **Constraints**

- Winter blockages and security restrictions prevented monitors and Drug Management Officers to travel to some of the rural clinics during a period of several months.

#### **Next Steps**

- Continue to close-out grants to NGOs.
- Issue essential drugs and contraceptives to PPG NGOs for health facilities and CHWs for period of July 1-September 30.
- Finalize the CHW knowledge assessment report.
- Finalize the report from the application of the Pharmaceutical Supply Management Assessment and introduction of the Inventory Management Assessment Tool (IMAT).
- Finalize the assessment of future drug needs projections, based on planned PPG facilities and CHWs.

## **Component 2: Improving the capacity of health providers to provide services in the rural areas and in health facilities**

### **Achievements**

#### **CHW and CHS Training**

- Three-week introductory training courses were conducted for 102 Community Health Supervisors (CHS) from Merlin and CAF/Takhar; BDF and CAF/Baghlan; SC-UK/Jawzjan and IMC/Paktika.
- REACH conducted field post assessments of CHW training for 15 health posts belonging to CAF and STEP in Kabul province. The performance of the two NGOs was satisfactory.
- CHS training workshops were conducted for 48 CHSs from CHA/Faryab, NAC/Ghazni, and AHDS and ADRA/Kabul.
- The final versions of the Pashto and English CHW training manuals were published and more than 6,100 copies were distributed to CHWs, CHSs and NGO training staff.

#### **Community Mapping and Community Mobilization**

- Two-day TOT workshops on the Pictorial Register were conducted for 106 CHW trainers and supervisors from BRAC/Kabul, Ibn Sina/Paktia, CAF/Badakhshan and Takhar, STEP/Kabul, Merlin/Takhar and AHDS/Kandahar.
- A two-day community leadership refresher training was conducted for 12 CHW trainers and supervisors from BDF/Kabul.

#### **Midwifery Grants and Training**

- The MOPH Executive Board endorsed the National Intrapartum Care Guidelines, the National Essential Obstetric Care Training Package, the National Strategy on the Reduction of Morbidity and Mortality from Post Partum Hemorrhage, the National Safer Home Birth Guidelines and the revised Partograph developed with REACH technical assistance.
- A Family Planning course was held in Kabul to update the knowledge and standardize the skills of 17 midwifery faculty in key family planning practices according to the national clinical standards.
- A family planning workshop was conducted for 90 health staff from Kabul province. The objective of this workshop was to review the family planning situation and to identify ways to improve the access to quality family planning services in the province.
- Two members of REACH Safe Motherhood Unit participated in an international conference on certification of midwifery practice and the accreditation of midwifery schools in New Delhi, India.
- A one-day workshop was held with midwifery faculties to review edits and changes to the national midwifery education learning resource package.
- A workshop was held for 27 midwifery teachers on how to design and use knowledge assessment instruments. The workshop produced approximately 350 new test questions that will be compiled into a question bank.
- The Fourth Accreditation Workshop for Midwifery Programs was conducted at the Institute of Health Sciences (IHS), Kabul. Representatives of the Human Resources Directorate of the MOPH as well as midwifery programs supported by REACH and other donors participated in this workshop.

- Midwifery accreditation assessment visits were made to the Community Midwife Education (CME) Program in Saripul and Paktia provinces in order to support the training of members of the National Midwifery Education Accreditation Board.
- Midwifery Accreditation visits were made to Mazar-e-Sharif, Takhar, Jawzjan and Wardak midwifery campuses.
- The fourth National Midwifery Education Accreditation Board meeting was held on March 13 at the MOPH.
- A Workshop on Orientation to the Accreditation Process for the midwifery program was held for 40 board members and potential assessors.
- The Institute of Health Sciences (IHS) Jalalabad held a job fair for previously graduated midwives to connect women who are seeking midwifery jobs with MOPH, NGOs and other organizations who are seeking midwives.
- Technical support visits were made to the midwifery and infection prevention clinical and educational sites of Herat, Mazar-e-Sharif, Nangarhar, Bamyan and Badakhshan provinces.
- Midwifery educational assessment visits were made to clinical and educational sites in Parwan, Bamyan, Nangarhar, Wardak, Takhar, Samangan, Sari Pul, Paktia and Herat provinces.
- An Effective Teaching Skills course was conducted for 26 faculty members from REACH and non-REACH Midwifery Programs to update their knowledge and standardize their skills in teaching methodologies.
- One hundred seventeen community midwives graduated from the Community Midwifery Education (CME) Program in Khost, Jawzjan, Bamyan, Takhar and Paktia provinces.
- A total of 372 hospital midwives graduated from the Institute of Health Sciences (IHS) Jalalabad, Herat, Mazar and Kabul.
- Site selection for the construction of midwifery schools in Mazar-e-Sharif and Bamyan provinces was completed by the MOPH survey team. These site assessments were funded by USAID through REACH.

### **Infection Prevention**

- A Standards-based Management (SBM) workshop (Module 3) in Infection Prevention was conducted for 55 staff from nine hospitals.

### **Improving the Quality of Care in Maternity Centers**

- An Essential Obstetric Care (EOC) course was held in Herat province to update the knowledge and standardize the skills of 16 participants in key safe motherhood practices according to the national clinical standards.
- Advanced Emergency Obstetric Care (EmOC) courses were held in Herat, Jalalabad and Kabul to update the knowledge and standardize the clinical knowledge and skills of 24 doctors according to national standards.
- Basic EOC courses were held at Malalai Maternity Hospital and IHS Mazar to update the knowledge and standardize the skills of 28 doctors and midwives in key safe motherhood practices according to the national clinical standards.
- A workshop on Standards-Based Management in EOC, Module 3 was held for Standards-based Management (SBM) team members to develop necessary skills to assess the EOC performance in their facilities and facilitate a process of implementation of the EOC standards.

### Health Workers Refresher Training

- Doctors, nurses and midwives completed 358 refresher training modules in antenatal/postnatal care, community health and mental health/disability.
- A refresher training course was conducted for 15 laboratory staff from health facilities of Baghlan and Faryab provinces at IHS Kabul.
- Evaluation visits were made to health facilities in Ghazni, Paktia, Herat and Faryab provinces to assess the impact of the refresher training courses on knowledge retention and professional performance.
- The field work for the final evaluation of the Refresher Training Program was completed.

### Constraints

- None encountered.

### Next Steps

- All REACH program activities in this component have been completed with the exception of several outstanding midwifery graduation ceremonies.

## Component 3: Develop a social marketing program<sup>6</sup>

### Achievements

#### Total socially marketed products sold between December 2005-May 2006

Product	Number sold by REACH Social Marketing (Dec. 2005-March 2006)	Number sold by COMPRI-A (April-May 2006)	Total
Clorin	40,378	47,285	87,663
No. 1 condoms	1,796,304	652,284	2,448,588
Ok Oral contraceptives	324,253	145,596	469,849
OK Injectable Contraceptives	60,006	28,140	88,146
Safenite Nets	2,600	500	3,100
ORS	148,580	59,100	207,680
<b>Grand Total</b>	<b>2,372,121</b>	<b>932,905</b>	<b>3,305,026</b>

### Training

- Sixty-six female shura members were trained on birth spacing methods in Jalalabad city.
- Two hundred sixteen women from the social marketing packaging centers were trained on reproductive health and birth spacing methods.
- On January 26, a half-day refresher training workshop on birth spacing methods was conducted for nine midwives in Kabul province.
- Refresher training sessions on quality contraceptives, birth spacing and counseling were conducted for 309 pharmacists in Kabul province.

<sup>6</sup> This component was returned to the REACH Program for implementation, from 1 October 2005- 31 March 2006 after which social marketing activities were handed over to the new COMPRI-A project; this report reflects REACH and initial COMPRI-A activities combined.

- A total of 142 pharmacists were trained on provision of quality contraceptive services in Parwan Province.
- A memorandum of understanding was signed with the Provincial Health Director of Nangarhar province on family planning training for pharmacists. The training started on January 28; 497 pharmacists were trained on quality contraceptives and birth spacing in Jalalabad city.
- Two trainers traveled to Saripul and Jawzjan provinces to monitor and supervise the activities of CHWs and male Shura members. They also distributed motivational rewards for the Shura members in Jawzjan province.
- A one-day TOT on Safe Water System (SWS) and the use of Clorin was conducted for 12 female trainers from the Afghan Women Resource Center (AWRC).
- A training course on SWS and Clorin was conducted for 50 Mullahs in Kunduz province.
- A training session was conducted on Clorin use and SWS for 60 CHWs of BDF in three districts of Mazar-e- Sharif.

### **Research and Communication**

- The questionnaire for a pharmacy survey was pre-tested and a one-day training and orientation session on the survey was conducted for all provincial sales agents.
- The pharmacy survey was started on December 6 and 142 pharmacists were interviewed in Mazar-e-Sharif, Herat, Nangarhar and Takhar provinces.
- Promotional activities were carried out in Kabul, Nangarhar and Laghman provinces.
- REACH printed 6,000 Clorin posters.
- A contract was signed with Educational Radio and TV of Afghanistan (ERTA) for broadcasting Dari and Pashto generic birth spacing radio spots.
- A contract was signed with Tolo TV for production of a birth spacing TV clip and the clip was pre-tested with a group of 20 women from the social marketing packaging centre.
- A quiz show on birth spacing was broadcast on January 6 on Afghan National TV.
- Banners on birth spacing were hung in populated areas of Kabul city.
- A contract was signed with TOLO TV and ERTA to broadcast a one minute and forty-five second TV clip on reproductive health.
- REACH organized a roundtable discussion on reproductive health and birth spacing methods with Tolo TV. The participants were from the MOPH, MOWA, WHO and Kabul provincial council.
- Interviews were conducted in the Ministry of Women's Affairs and Rabia Balkhi hospital with reproductive health clients. These interviews were aired through Tolo TV.
- REACH signed agreements with Kabul weekly, Keleed Magazine, Rah\_e Najat daily newspaper and Salam Watandar Magazine to release an article summarizing the TOLO TV roundtable.

### **Constraints**

- None encountered.

### **Next Steps**

- REACH's work in social marketing came to an end on March 31, 2006. USAID funded COMPRI-A to continue social marketing activities beginning on April 1, 2006

## **IR2: Improved capacity of individuals, families and communities to protect their health**

***Component 4: Implementing behavior change communication to promote healthful practices through public health education programs, including interpersonal communication and counseling by community health workers and community midwives and through multi-media communication campaigns.***

### **Achievements**

#### **Information, Education and Communication/Behavior Change Communication**

- REACH printed 345,000 small posters, large posters and flipcards on family planning, vaccination, infant and young child nutrition. In addition, 100,000 small posters, 10,000 large posters, 5,000 flipcards and 2,200 cloth flipcharts on tuberculosis were printed
- REACH prepared the plan and tools for distribution of IEC materials on family planning, vaccination, infant and young child nutrition and tuberculosis. Distribution of these materials started during January.
- REACH distributed 372,378 small posters, 39,921 large posters, 9,578 flipcards and 1,695 cloth flipcharts on tuberculosis, child nutrition, vaccination, family planning, and feeding of infants and young children to REACH NGO grantees and the MOPH.
- REACH conducted a workshop for 20 representatives of the MOPH Reproductive Health and Information, Education and Communication (IEC) departments, REACH, and other organizations involved in Safe Motherhood to share the results of the pretest and finalize the IEC materials on Safe Motherhood.
- Thirty local radio stations began broadcasting 48 radio spots (24 in Dari and 24 in Pashto) on vaccination and family planning.
- REACH developed pictures and text messages for three prototypes of large posters, small posters, flip cards and cloth flipcharts on antenatal care, planning for delivery and postnatal care.
- The prototypes of flipcharts on antenatal care, planning for delivery and postnatal care were finalized after field testing and consensus meetings with the MOPH.
- Four new sets of IEC materials on Safe Motherhood (antenatal care, planning for delivery, care during delivery, and postnatal care) were completed and sent for printing.

#### **Learning for Life**

- Learning for Life (LfL) Facilitator Training II, backstopped by Kabul-based LfL trainers, was held in Badakhshan, Takhar and Bamyan provinces for female provincial trainers and facilitators.
- LfL Facilitator Training III, backstopped by Kabul-based LfL trainers, was held in Faryab, Khost, Paktia, Paktika, Ghazni and Jawzjan provinces for 179 female provincial trainers and facilitators.
- LfL Foundation Program Package 2 (learning materials for language, math, social science and health) was printed in Dari and Pashto and distributed. Package 3, level 1 (learning materials for language, math and health) was completed in Dari. LfL Bridging Program curriculum was completed and distributed.
- LfL social science materials were completed, edited and distributed.
- LfL Bridging Program package 3 (language and communication) and the facilitators' guide were completed and distributed.

- The LfL Foundation Program package 3, level 1 health milestones 7-8-9 Pashto translation was completed and distributed.
- The Field Visit Checklist was finalized and used by the Grants Implementation Specialist to inspect LfL field offices in Baghlan, Takhar and Jawzjan provinces.
- Supplementary learning materials procured for the LfL mobile library, including neo-literate magazines, neo-literate learning materials with governance/savings/community development focus and classroom learning, were supplied in a first shipment to 12 provinces.
- The LfL Instructional Design and Regional Training and Monitoring team members and two CHW master trainers participated in a 3-day Learner Generated Materials workshop offered by ADKN from January 2 to 4 at the Women's Teacher Training Institute. The participants learned how to guide the development of materials by learners themselves.
- A total of 1,204 rural women completed the LfL literacy curriculum in Baghlan and Paktika provinces. Testing for grade equivalency achieved by learners started in these provinces.
- The LfL program held a Close-Out Workshop for 42 representatives of the implementing partners from the provinces and Kabul. The goal of the workshop was to prepare the staff of the implementing partners for a smooth close-out of LfL classes and IRC sub-grants.
- The LfL foundation classes concluded in Takhar, Ghazni, Paktia, Bamyan, Jawzjan, Faryab, Khost and Badakshan provinces with 5,547 women completing their health and literacy studies.
- The LfL final evaluation field work was completed in Ghazni, Jawzjan and Bamyan provinces.
- The subcontract to the University of Massachusetts (UMass) for the LfL program was given a no cost extension to the end of April, 2006.
- Final report and program evaluation reports were submitted by UMass.

### **Constraints**

- None encountered.

### **Next Steps**

- All REACH program activities in this component have been completed.

### **IR3: Strengthen health systems at national and provincial levels to improve MOPH capacity to plan, manage and allocate resources**

#### ***Component 5: Improve the management and leadership capacity of the MOPH at all levels***

##### **Achievements**

##### **Provincial Level**

##### **Strengthening the Provincial Public Health Offices**

- REACH continued its support of Provincial Public Health Coordination Committee (PPHCC) meetings in Ghazni, Herat, Jawzjan, Badakhshan, Baghlan, Takhar, Faryab, Paktia, Kandahar, Paktika, Khost, Bamyan and Kabul provinces.
- PPHCC members conducted joint monitoring visits to 29 health facilities in Khost, Bamyan, Baghlan, Herat, Kandahar, Takhar, Baghlan, Badakhshan, Paktika, Jawzjan, Faryab and Paktia provinces.
- The quarterly national provincial coordination workshop was held by MOPH with REACH participation. Important policy issues were raised and communication was improved with provincial health directors.

##### **Provincial Leadership Program**

- REACH conducted a Management and Leadership (M&L) workshop for 50 members of the Association for the Empowerment of Afghan Women Health Professionals (AEAWHP) and 59 Provincial Public Health Coordination Committee (PPHCC), Provincial Public Health Office (PPHO), NGOs and REACH staff attended M&L workshops in Kabul and Faryab provinces. The participants gained skills and knowledge in how to manage challenges and achieve results.
- Leadership Development Program training was conducted for 15 departmental heads of Herat Regional Hospital.

##### **Fully Functional Service Delivery Point**

- Fully Functional Service Delivery Point (FFSDP) training was conducted for 27 NGO and PPHO staff.
- A four-day FFSDP TOT training course was conducted for 24 master trainers from the MOPH and the implementing NGO partners from selected non-REACH provinces.
- The second external evaluation of FFSDP standards was conducted in 199 out of 213 target health facilities in 13 provinces of Afghanistan.
- The third and fourth external evaluation of FFSDP standards was conducted in 159 health facilities in Herat, Faryab, Kabul, Ghazni, Takhar, Faryab, Herat and Bamyan provinces.
- REACH provided technical support for internal FFSDP assessments of 20 health facilities in Kabul and Bamyan provinces.
- FFSDP committee meetings were held in Faryab, Ghazni, Khost, Paktika, Baghlan, Paktia, Takhar, and Badakhshan provinces.
- Supervisory and technical assistance visits were made to 38 FFSDP model health facilities in Herat, Ghazni, Bamyan, Takhar, Faryab, and Bamyan provinces.
- The FFSDP work plan was revised based on the second external evaluation results in Paktia and Paktika provinces.



- The FFSDP National Task Force was established in the MOPH with representatives from different departments of the MOPH, donors and NGOs.

## **Central Level**

### **Policy, Coordination, and Capacity Building**

- REACH provided support to the MOPH Ethical Review Board by reviewing proposed study protocols (medical ethics and study methodology) in Afghanistan's health sector and providing technical and ethical guidance for principal investigators.
- REACH assisted the MOPH Monitoring and Evaluation Advisory Board to carry out the field testing of the national health facility monitoring tool; feedback was presented to the full board which approved the checklist.
- REACH provided overall logistics and technical support to the MOPH for the Regional Health Conference which concluded with the signing of a Kabul Declaration for collaboration and cooperation in fighting communicable diseases by seven participating countries.
- REACH made final revisions to a brief on MOPH capacity building requested by USAID.
- REACH supported the MOPH in the developing the strategy and structure for the Afghan Public Health Institute.

### **Basic Package of Health Services (BPHS)**

- REACH reviewed the Pashto version of Basic Package of Health Services (BPHS) and made necessary corrections.
- REACH published 5,000 copies each of English, Dari and Pashto BPHS and distributed them to the central and provincial MOPH, NGO grantees and health facilities.

### **National Hospital Policy**

- REACH reviewed the Pashto version of Essential Package of Hospital Services (EPHS) and made necessary corrections.
- REACH published 5,000 copies each of English, Dari and Pashto EPHS and distributed them to the central and provincial MOPH, NGO grantees and health facilities.

### **Hospital Management**

- Through the Hospital Management Task Force, REACH assisted the MOPH with a US\$10 million hospital improvement project funded by the Government of Afghanistan's overall development budget. The money is allocated and approved for immediate support of Priority Reform & Restructuring (PRR) for five hospitals. All posts in the 5 hospitals (Kabul, Baghlan, Kunduz, Takhar & Ghor) have been announced.
- The MOPH hospital staff and provincial hospital directors from the five REACH-assisted provincial hospitals visited the REACH provincial hospital in Ghazni to observe the successful implementation of the REACH Hospital Management Improvement Initiative in that hospital.
- REACH assisted in developing six hospital standards for infectious diseases.
- On January 25-26, a consensus building workshop on hospital standards was held in Ibn Sina conference hall for all REACH provincial hospital grantees and the MOPH to develop standards for hospitals. The participants reviewed and provided their comments on the standards.

- REACH completed a series of 12 workshops on Hospital Management and Standards and Improvement out of which developed the Hospital Management Training Manual. Copies of this training manual and CDs of all the materials were provided to the MOPH for the Hospital Reform Project to introduce the EPHS.
- REACH supported the MOPH in developing the National Policy on Hospital Standards.
- REACH assisted in updating the annual action plan for the Hospital Management Task Force and reviewed the Terms of Reference for Hospital Consultant of the Hospital Reform Project supported by Word Bank.
- A REACH team met with Badakhshan Provincial Hospital staff, local authorities and community elders to promote better coordination and collaboration with CAF on the Badakhshan Provincial Hospital grant.
- REACH reviewed and finalized three sets of standards for Provincial Hospitals: Pediatrics, Hospital Pharmacy Management and Hospital Human Resources Management.

### **Quality Improvement**

- Fifty people were oriented to Standards-based Management (SBM), a recognition system for improved performance in provision of clinical care in hospitals, leading to increased support and commitment from the MOPH and more awareness of the SBM process and progress to date in implementing programs.
- A training session was conducted for key staff of the MOPH Hospital Reform Project on “Hospital Management Improvement/Modeling”—the process of implementation of SBM/hospital standards.

### **Health Management Information System (HMIS)**

- REACH provided data use training and introduction to the new version of the Health Management Information System (HMIS) database for HMIS officers of MOPH in Nangarhar and Bamyan provinces and for Ibn Sina, Paktia.
- HMIS data use training was conducted for 13 doctors, midwives, nurses and vaccinators from the two Learning Centers supported by STEP and CAF in Kabul province.
- HMIS data use training courses were conducted for 485 NGO and PPHO staff from REACH provinces. In addition, 405 HMIS officers and health facility staff from NGOs and PPHOs received HMIS refresher training.
- Seven MOPH and NGO HMIS officers received HMIS data base training.
- REACH supported the MOPH HMIS Department to develop a proposal requesting funds from WHO through the Health Metrics Network (HMN). WHO approved \$ 150,000 of the request.
- HMIS joint supervisory visits were made to seven health facilities in Takhar, Bamyan, Jawzjan and Kandahar provinces.
- REACH updated the HMIS database for Facility Status Report (FSR) and Monthly Integrated Activity Report (MIAR) based on the newly revised version of these HMIS forms.
- REACH developed two data entry forms for the Hospital HMIS database –Hospital Status Report (HSR) and Hospital Monthly Integrated Report (HMIR).
- REACH distributed HMIS analysis version of the HMIS database along with updated maps of 32 provinces to all REACH grantees and field offices.
- Provincial HMIS Committee meetings were held in Badakhshan, Faryab, Jawzjan, Kandahar, Khost, Baghlan, Paktika and Bamyan provinces.

- Together with the MOPH HMIS department, REACH held the first dissemination workshop for the National Hospital HMIS. Forty provincial hospital staff (REACH and MOPH) were trained on hospital HMIS reports.
- REACH HMIS officers participated in the 5% resurvey of the end-of-project household survey in Takhar, Kandahar, Kabul, Jawzjan, Faryab, Herat, Khost and Paktia provinces.

#### **Emergency Health Preparedness**

- The Emergency Preparedness and Response Committee held a meeting in Faryab province and decided to train 14 health workers on Acute Respiratory Tract Infection (ARI) case management to be in a better position to respond technically to the winter emergency in that province.
- As part of the MOPH workshop on Emergency Preparedness and Response, REACH provided training for 60 specialist physicians and hospital managers in Kabul and provinces on surveillance and outbreak investigation.
- REACH provided technical assistance and assessments for a comprehensive strategy to control avian influenza in Afghanistan for the National Committee on Avian Influenza and Deputy Minister of Public Health for Planning.
- REACH staff have been meeting with MOPH and US government officials over the discovery of cases of H5N1 virus in chickens Afghanistan. REACH has also helped the MOPH draft a plan for response and sought to get the MOPH involved in a rapid response effort as well as seeking the resources needed for the effort.

#### **Global Fund for AIDS, TB, and Malaria**

- With REACH assistance, the National TB Program (NTP) national guidelines and the NTP Operational plan were finalized.
- The National TB Program (NTP) conducted a one-day community Directly Observed Therapy, Short Course (DOTS) workshop for 10 REACH grantees.
- REACH supported the MOPH by helping prepare, print and distribute the National TB Program Operational Plan. A total of 200 copies of the plan were printed by REACH and distributed to NTP for further distribution to BPHS implementers.
- REACH provided technical support to the National Malaria and Leishmaniasis Control Program for developing background papers for inclusion of Artemisinin Combination Therapy in the revised BPHS.
- A joint mission of NTP, REACH and BDF visited Ghazni Provincial Hospital to give a recommendation for the establishment of a TB center within the hospital.
- A joint mission was conducted to the REACH pilot project for DOTS in Qarabagh District Hospital (IMC) and Char Asyab District Hospital (STEP). The pilot project has organized the TB DOTS centers according to the Standard Operating Procedures and operational plans.
- REACH conducted a one-day internal workshop for the NTP, BDF, STEP and WHO staff on implementation of the NTP operational plan and findings from the joint visit to the pilot DOTS centers.
- The TB National Review Workshop was held from April 2-4. The workshop reviewed the achievements of the past two quarters and made an action plan for the next quarter.

#### **Human Resources**

- REACH continued to assist the MOPH with the revision of its Human Resources Policy, initially developed in 2004. The second draft of the policy was accepted, with minor modifications, by the large Consultative Group on Health and Nutrition (CGHN) and was forwarded to the MOPH Technical Advisory Group (TAG) for approval.

- A total of 760 health workers of 9 categories took Testing and Certification examinations on March 31.

**Grants and Contracts Management Unit**

- The renovation work of Grants and Contracts Management Unit (GCMU) office is 100% completed. GCMU is responsible for connecting the internet.
- REACH continued to support five consultant positions with the GCMU to manage the Performance-based Partnership Grants financed by USAID. These positions started in January and will end in June 2006.

**Management Resource Center (MRC)**

- Over the report period, the MOPH Management Resource Center (MRC) received 212 visitors and distributed 431 documents to local and international organizations.

**Constraints**

- None encountered.

**Next Steps**

- All REACH program activities under this component have been completed and the Regional Field Offices have been closed.

## **REACH Cross-Cutting Activities**

### **Achievements**

#### **NGO Development Initiative**

- The REACH technical assistance team conducted final visits to the four NGO (BRAC, STEP, CAF and IMC) health facilities participating in the Learning Center Initiative.

#### **Gender**

- Gender Awareness Training Workshops were conducted for 54 participants in Paktika and Paktia provinces.
- Gender Awareness Training Workshops were conducted for 63 teachers and students of the Community Midwifery School in Khost and Paktia provinces.
- REACH National Gender Officer participated in a joint monitoring visit with PPHCC Paktika to observe and share gender issues identified with PPHCC monitoring team.
- REACH Gender Specialist participated in the evaluation of community leadership program in Jawzjan and Ghazni provinces in order to evaluate the participation of women in community health committee and other health related activities at community level.
- REACH assisted the National TB Institute by preparing the research design which incorporated gender analysis for a proposal to be submitted to WHO/EMRO for funding.
- REACH supported the MOPH Gender and Reproductive Rights Unit to prepare a proposal for funding to allow this unit to become operational.
- REACH produced 10,000 gender awareness calendars for 2006/1385 and distributed these calendars to the MOWA, the MOPH and REACH grantees.
- REACH developed the gender strategy to be incorporated in to the National Reproductive Health Strategy.
- REACH Gender Unit reviewed and submitted comments on the revised National Reproductive Health (RH) Strategy 2006-2009 to the RH Task Force to ensure incorporation of gender.
- REACH assisted the MOPH RH Department in preparing for the training of Provincial RH officers. Materials and methodologies of gender awareness training are utilized in the MOPH training to incorporate a session on gender and reproductive health and rights.
- The Gender Awareness Training Manual was formatted in three languages for transfer to the MOPH for their endorsement and use.
- REACH National Gender Specialist participated in a five-day workshop sponsored by Church World Service to understand gender development and build capacity for gender training.

#### **Constraints**

- The Gender Awareness Training Manual has not yet been endorsed by the MOPH, but it is being shared in draft form upon request.

#### **Next Steps**

- Cross-cutting activities of REACH have been completed.

## ***Planning, Monitoring and Evaluation***

### ***Achievements***

- The REACH End-of-Project (EOP) Household Survey field work was completed by all NGO grantees.
- An EOP Household Survey workshop was conducted for 54 NGO grantee staff on the analysis of the findings and development of survey reports.
- Results of the EOP Household survey were presented at a Technical Seminar at the MOPH and also in a special Auxiliary Event at the annual meeting of the Global Health Council in Washington, DC.
- Between February and May, REACH planned and conducted a series of eight EOP Technical Seminars held at the MOPH to present the outcomes of its work.
- REACH facilitated the filming of a USAID documentary titled “Putting Women on the Road to Economic Freedom” through arranging interviews and film sites, responding to producer’s questions, and critiquing the early versions of the film.
- A Success Story on the REACH contribution to the control of an Acute Watery Diarrhea (AWD) outbreak in Afghanistan during the summer of 2005 was completed. The story was forwarded to USAID to provide content for a reporting cable to Washington and it was published in the Kabul Times.
- REACH submitted to the MSH website and Kabul Times a Success Story on the role REACH played in the control of the Acute Watery Diarrhea (AWD) outbreak in summer 2005.
- A story on REACH involvement with TB Control in Afghanistan was featured on the homepage of the MSH website on March 24, World TB Day. This story was also posted on the USAID website and was published in the Kabul Times.
- A success story on female shuras was posted to the MSH/REACH website, which went live in its new form in mid March. The revised website includes a new section covering progress in six REACH technical areas.
- Kabul Times published a story on REACH’s TB activities on March 28.
- Dr. Omid Ameli presented a poster at the 2005 annual meeting of the American Public Health Association on “Measuring the Outcome of Public Health Interventions in Post-conflict Afghanistan: Large Scale use of the Lot Quality Assurance Sampling Methodology”. A Press Release about the presentation was posted on MSH website.
- A Press Release on the award of \$420,000 to CAF to support the Badakhshan District Hospital was posted on the MSH website. It was also translated into Dari and distributed for possible use by the local language press and submitted to the Kabul Times for publication in English.
- A Press Release on Community Midwifery Education (CME) program graduation in Khost province was posted on the MSH/REACH website.
- REACH issued a press release in English and Dari on the award by the MOPH of a Certificate of Appreciation to REACH for its contribution to improving the quality of health services and BPHS implementation in Herat province. The release has been posted on the MSH website.
- The REACH website was linked to an article, appearing in The Hospitalist which was co-authored by Drs. Fred Hartman and William Newbrander. The article details progress made by the REACH Hospital Management Initiative in the rebuilding of the Afghan healthcare system

- REACH assisted the MOPH in producing advocacy materials to use in celebration of International Women's Day. One Newsletter featuring women managers of the MOPH, and two brochures on family planning and Health and Role of Women were produced.
- REACH completed and submitted an up-to-date REACH briefing package requested by USAID; the package included a newly written briefer on Social Marketing as well as summaries for Paktia and Ghazni provinces, previously unavailable.
- REACH developed an article for journal publication on the cholera outbreak in Kabul during the summer of 2005.
- REACH prepared and presented an overview of REACH to Mr. Kent Hill, Assistant Administrator of the Bureau for Global Health, USAID/Washington
- REACH created the Dari version of health facility maps for 32 provinces of Afghanistan.
- REACH completed and provided MOPH speeches for the Regional Health Conference to speakers and to the media; wrote Preamble to the Kabul Declaration and assisted in editing the sections on principles and commitments.
- REACH assisted in the preparation of press releases and press kits for the Regional Health Conference for distribution to media in Kabul on April 16 by the MOPH.
- A press release was prepared and released to the media about the Regional Health Conference outcome.
- The Kabul Declaration, developed and signed at the Regional Health Conference was submitted for posting to the MSH website.

### **Constraints**

- None encountered.

### **Next Steps**

- Complete all project close-out activities related to reporting and documentation of REACH activities and results.

# Annex 1

The following TDYs began during this six-month period:

Name	Scope of Work	Dates in Country
Pia Chesnais	To assist the grants management team in ongoing management of grant awards and training of staff.	December 1-30
Margie Ahnan	To co-facilitate a curriculum review and instructional design workshop to improve the capacity of midwifery faculty to develop and use training materials.	December 12-20
Rashid Mosavin	To create functional improvements in the Pharmacy department of WAK Hospital.	December 10-30
Anita Anastacio	To serve as a technical consultant for the LfL program to strengthen the ongoing monitoring process of both foundation and bridging program activities.	January 3-March 30
William Newbrander	To further develop the REACH strategies in the areas of hospital management, health financing, and health reform for REACH program.	January 8-March 19
Jerry Daly	To review the progress of the Loma Linda team as the management of WAKH continues to promote change	January 10-22
Audrey Shaffer	To continue the changes that are being made in the medical record and registration area, with additional computerization and documentation procedures being instituted at WAKH	January 10-February 12
Jan Zumwalt	To assess the nursing operations at WAK Hospital	January 10-22
Paul Ickx	To continue ongoing activities with the MOPH and REACH in MIS development and health information use	January 11-February 11
Brian Bates	To provide continuing evaluation of the needs of the surgical area, including continuing education and equipment, as well as essential supplies to WAK Hospital.	January 22-February 2
Rose Mzava	To provide ongoing technical and assessment support to REACH midwifery programs	January 14-March 30
Steven Solter	To assist with the planning, design and preparation of the REACH Program Review for the MOPH and with the planning and design for the REACH end of Project Technical Seminars	January 15-February 5
Maureen Mayhew	To provide family planning technical support to select midwifery campuses supported by REACH	January 15-March 30
Jaime Mungia	To provide overall program and administrative support to the REACH Safe Motherhood Unit	January 17-February 21



Rachael Woloszyn	To provide logistical, operational and administrative support essential to the smoothness of the Regional Health Conference preparation and attendance	January 17- April 25
Debora Bossemeyer	To conduct Module 3 in the Standards Based Management training program for 3 groups of hospitals	January 22- February 9
Joan Skinner	To provide technical and training support to the National Midwifery Education Accreditation Board	January 22- February 9
Edgar Necochea	To conduct Module 3 in the Standards Based Management training program for 3 groups of hospitals	January 29- February 9
Sharen Blake	To provide technical and training support to the National Midwifery Education Accreditation Board	January 29- February 16
Raj Gonsalkorale	To coordinate with the Drug Management Supervisor/Grant Officer responsible for overseeing the activities of the DMU	January 30- February 27
Shariar Ghane	To provide logistical and operational support essential to efficient and effective conference preparation and attendance	February 1- April 30
Jacqueline Williams	To provide technical and training support to the National Midwifery Education Accreditation Board	February 2-23
Margie Ahnan	To support and mentor new trainers as they conduct an Effective Teaching Skills course for new midwifery faculty and in-service trainers	February 4-23
Heather Bull	To provide infection prevention technical support to selected hospitals in the REACH IP Program	February 5- March 2
John Turner	To carry out financial reviews with designated NGO grantees, which will be determined upon his arrival in Kabul	February 5- March 2
Pedro Guillermo Suarez	To assist the NTP to rapidly scale-up TB case detection and treatment capacity to expand DOTS	February 6- March 4
Phyllis Collins	To provide leadership, and management education skills, to the nursing department of WAKH	February 7-July 5
Thomas Kraner	To provide continuing evaluation of the needs of the surgical area, as well as assist in the Emergency Department of WAKH	February 15- March 15
Wayne Smith	To provide continuing improvement in services, and consultation of appropriate upgrades in the anesthesia department of WAKH	February 20- August 14
Jerry Daly	To review the progress of the Loma Linda team as the management of WAKH continues to promote change.	February 15-21
Richard Hart	To review the progress of the Loma Linda team as the management of WAKH continues to promote change.	February 15-18

Panna Erasmus	To complete the evaluation of the REACH Refresher Training Program	February 19-March 26
Laurence Laumonier-Ickx	To support the analysis of the results, particularly of the third external FFSDP evaluation of about 100 Health facilities of Round 1&2.	March 2-30
Pia Chesnais	To assist both the REACH and MOPH grants management teams in ongoing management of grant awards and training of staff.	March 5-April 27
Asha Rao	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Dr Akihiro Seita	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Dr Hoda Atta	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Dr David Sack	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Sita Magnuson	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Dr. Hamid Jaferi	To assist both the REACH and the MoPH in the regional conference.	April 15-20
Sylvia Vriesendorp	To assist both the REACH and the MoPH in the regional conference.	April 15-20
John Abbott	To perform an Internal Financial Review of the REACH Project.	April 23-May 11
John Turner	To assist NGO grantees with their financial close outs	4 week period during April and May
Ken Mudge	To provide continuing medical education to the medical staff of Wazir Akbar Khan Hospital in orthopedic surgery	April 9-22
Richard Catalano	To provide continuing medical education to the medical staff of Wazir Akbar Khan Hospital in emergency and trauma surgery	April 9-22
Patty Catalano	To provide continuing medical education to the medical and nursing staff of Wazir Akbar Khan Hospital focusing on organization and management of surgical services	April 9-22
Robert Soderblom	To provide continuing medical education to the medical staff of Wazir Akbar Khan Hospital in internal medicine and nephrology	April 9-22
Tae Eung Kim	To provide continuing medical education to the medical staff of Wazir Akbar Khan Hospital in emergency medicine	April 9-22
Gordon Dockerty	To provide organizational structure to the WAKH pharmacy	April 28-May 18
Jerry Daly	To review the progress of the Loma Linda team as the management of WAKH continues to promote change	April 28-May 12
Steve Ogilvie	To set up a computerized accounting system for tracking cash flow and inventory.	April 28-May 12

Paul Ickx	To continue ongoing activities with the MOPH and REACH in MIS development and health information use and with the REACH DMU.	May 2-June 8
Eleanor Gibson	To provide leadership, nursing clinical instruction to the nursing department of WAKH	May 24-September 1
Linda Whiting	To provide nursing leadership, and skills training, to the nursing department of WAKH	May 24-September 1

## **Annex 2**

### **Documents available on request:**

#### **Trip reports**

- Trip reports for TDYs completed in December 2005 were submitted by Sharen Blake, Marijke van Roojen, Panna Erasmus, Paul Ickx, Abu Sayeed, Wayne E. Smith, Steven Hardin, Gary Marais, Chris Welch, Pia Chesnais, Audrey Shaffer, Mark Nevin, Rashid Mosavin, John Turner, Jaime Mungia, Grace Kahenaya, Margei Ahnan, Judith O'Heir, Donald Nicolay and Joan Galer.
- Trip reports for TDYs completed in January were submitted by Rachael Woloszyn, Mary Gibson, Pia Chesnais and Jan Zumwalt.
- Trip reports for TDYs completed in February were submitted by Riitta-Liisa Kolehmaninen-Aitken, Reginald Rice, Jerry Daly, Morsy Mansour, Joan Galer, Joan Skinner, Raj Gonsakorale, Audrey Shaffer, Robert Soderblom, Richard Hart, Mohammad Rahim Pashtoonyar and Paul Ickx.
- Trip reports for TDYs completed in March were submitted by Mary Brady, Edgar Necochea, Jacqueline Williams, Debora Bossemeyer, Heather Bull, Joan Skinner, Sharen Blake, Jaime Mungia, Jane Schuler-Repp, and William Newbrander.
- Trip reports for TDYs completed in April were submitted by Laurence Laumonier Ickx, Thomas Kraner, Brain Bates, Steve Solter, Tae Eung Kim, and M. Kenneth Mudge
- Trip reports for TDYs completed in May were submitted by Jane Schuler-Repp, Alexander Leonov, Raj Gonsakorale, Maureen Mayhew, Robert Soderblom, Richard Catalano, Rose Mzava, Felix Kerner, Sita Magnuson, Sylvia Vriesendorp, Kahren Ken Mkrtchyan, John Turner and Panna Erasmus.

#### **Other technical documents**

- Gender Quarterly Report (Aug-Oct 2005)
- REACH EPI Review Workshop (January 2005)
- National TB Program Operational Plan, 2005
- FFSDP, results of 6-month improvement cycle
- HMIS Data Use Training Manual
- Gender Quarterly Report (Nov 05-Jan 06)
- FFSDP training report (Feb 11-18, 2006)
- Presentation on FFSDP results 3rd evaluation (March 2006)
- FFSDP third Evaluation Report (April 2006)
- REACH Technical Seminars materials
- Report of Kabul Regional Health Conference (April 2006)

### Annex 3

#### Selected REACH Outputs Semi-Annual Report for the period December 2005-May 2006

Indicator	Outputs *	Notes
Districts served by REACH NGOs delivering BPHS	110 plus 6 sectors of Kabul City*	BPHS=Basic Package of Health Services
Provinces served by REACH NGOs delivering BPHS	14*	Baghlan, Badakshan, Bamyan, Faryab, Ghazni, Ghor, Herat, Jawzjan, Kabul, Kandahar, Khost, Paktiya, Paktika, Takhar
Overall population of areas provided BPHS services directly through REACH supported facilities (i.e., districts in which REACH NGOs are operating)	7.1 million*	Based on Central Statistics Office estimates, we assume that 23% of the population would be women of reproductive age and 16% would be children under 5.
Women of reproductive Age	1.6 million*	
Children under 5	1.1 million*	
Number of active and registered Health Facilities run by REACH NGOs	328*	
Basic Health Center (BHC)	182*	
Comprehensive Health Center (CHC)	125*	
District (first referral) Hospital	15*	
Provincial Hospital	6*	
Percent of REACH BPHS facilities that have at least one female health worker	78 %	As of the end of March 2006
Number of Community Health Workers trained and active in communities	6,240*	
Number of female community Health Workers	3,313* (53% of total CHWs)	
Number of Community and Hospital Midwifery Education Program, Graduates	743	
Pharmaceuticals and Commodities Distributed-US dollar value	\$ 4,894,947	This figure includes pharmaceuticals purchased by REACH and USAID-procured family planning commodities distributed under the REACH Program, but it does not include social marketing sales figures.
Number of IEC material distributed to health facilities and health posts	626,482	Cumulative as of the end of May 2006

\* Data in this column marked with an asterisk (\*) denotes information on 30 April 2006 when the majority of REACH activities, including grants to NGOs ended (outstanding grants are only for no-cost extensions). All other statistics in this column refer to status as of the end of May 2006 or as of the date given in the Notes column.

Number of women enrolled in the accelerated literacy program	8,597	
Number of BPHS health facilities where standards-based quality improvement support is being provided using the FFSDP tool	213*	FFSDP=Fully Functional Service Delivery Point
Number of provincial/regional hospitals where standards-based quality improvement support is being provided using the PQI tool	5*	
Percentage of REACH Facilities providing HMIS reports	99 %	As of the end of March 2006
Number of MOPH policies, strategies and guidelines REACH has helped develop	94*	

# Annex 4

## Summary service volume statistics from health facilities supported by USAID BPHS grants

This data was extracted from REACH HMIS database (June 11, 2006)

Category	Indicator	Dec-05	Jan-06	Feb-06	Mar-06
Coverage of the report	Total # of Facilities Submitted <sup>1</sup>	320 (98%)	320 (97%)	320 (96%)	325 (99%)
	Provincial and District Hospitals	19	19	19	19
	CHC	125	125	125	125
	BHC	176	176	176	181
	Total # of Facilities Active and Registered under REACH	326	331	332	329
General statistics	Total Patients/client visits	340379	258182	364368	409415
	Under 5 Patient visits <sup>2</sup>	89218	64853	92580	109576
	Over 5 Female Patients visits <sup>2</sup>	144521	104750	153217	173876
	Total Referrals served <sup>3</sup>	7002	5542	8165	10287
	Total visits by Health Posts <sup>4</sup>	170223	177648	184439	198195
Morbidity	Total Morbidity Cases visited <sup>5</sup>	347017	263086	371432	415137
Family Planning	Total Family Planning services provided by Health Facilities	16575	14029	18355	21697
	Total Family Planning services provided by Health Posts <sup>4</sup>	42920	48812	45609	54291
Safe Motherhood	Total Ante-Natal Care Visits	25809	17870	26965	26430
	Total Post-Natal Care Visits	6207	4668	7159	8013
	Total Deliveries <sup>6</sup>	2659	2767	2749	2980
EPI	Children <2 yr fully immunized against Diphteria, Pertussis, and Tetanus	33791	24392	23040	27804
Human Resource	Percentage of BPHS facilities with at least one Female Health Worker		248/318 (78%)		

Note 1: This includes facilities from which HMIS MIAR (Monthly Integrated Activity Report) information is available for a specific month

Note 2: Excludes re-attendance visits

Note 3: Patients referred into a health facility from a Health Post or another facility

Note 4: This information is extracted from Monthly Activity Report of Health Posts

Note 5: This may exceed total patients/clients as a patient can present with multiple morbidity conditions

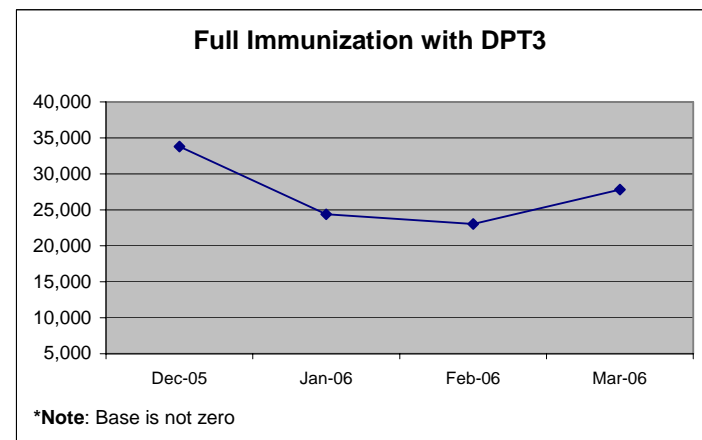
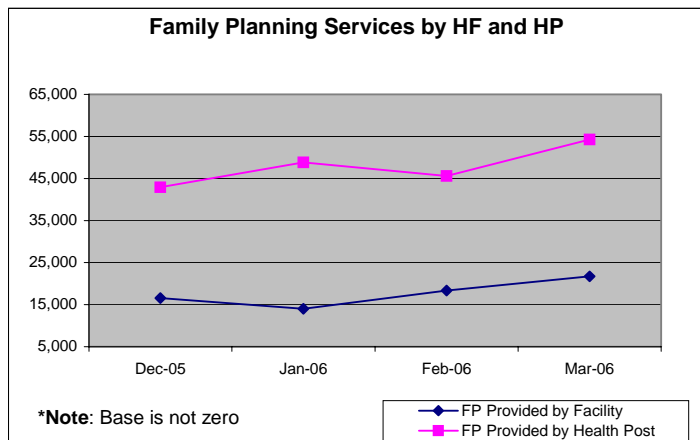
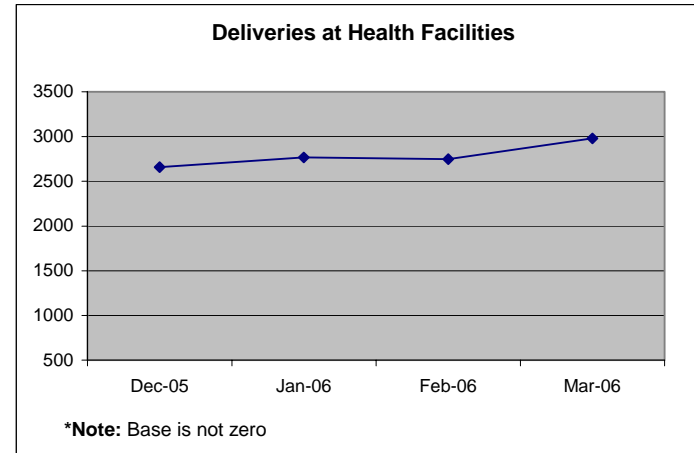
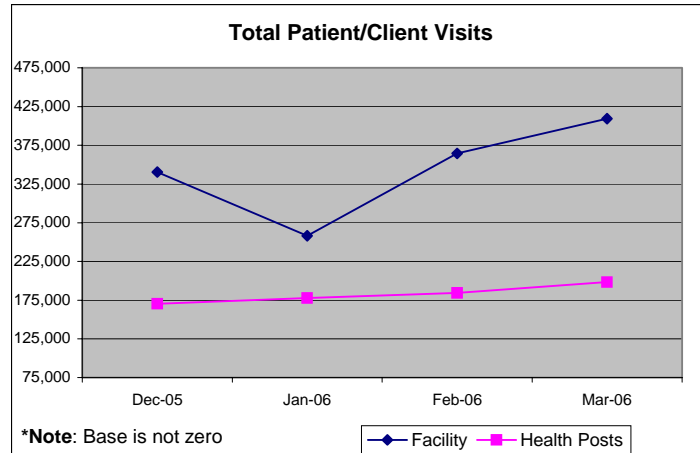
Note 6: Includes both Normal and Assisted Deliveries carried out at the facility

Note 7: Proportion of BPHS Facilities with at least one female health worker among those that have submitted Facility Status Report to REACH

**NOTE:** REACH grants ended 30 April 2006; complete HMIS data for April have not yet been received. Therefore, this table includes only those months for which full data are available

## Graphs of Selected Service Volume Statistics

REACH - June 11, 2006



**NOTE:** REACH grants ended 30 April 2006; HMIS data for April is not yet completely received.



## Annex 5

### REACH Baseline and End-of-Project Household Surveys: Comparative Results

INDICATORS		Round 1 and 2 Grants		Round 3 Grants	
		Baseline (Early 2004)	EOP (Early 2006)	Baseline (Early 2005)	EOP (Early 2006)
		%		%	
Reproductive Health	Contraceptive prevalence	16.2	25.4	27.4	38.5
	Knowledge about 2 modern contraceptive methods	21.0	52.5	42.1	61.1
Safe Motherhood	Births attended by a skilled attendant	12.2	22.9	32.4	35.6*
	Mothers attending one ANC visit	26.1	38.7	36.5	45.8
	Mothers receiving at least 1 TT injection	44.3	61.5	50.9	54.4*
	Mothers receiving PNC after delivery	15.7	25.4	35.0	41.3*
Child Health	Children 1-2 fully immunized (DPT3)	14.7	37.9	27.6	37.2
	Children 1-2 receiving Vitamin 2 therapy	67.4	76.9	81.7	84.5*
	Children exclusively breastfed for first 6 months	62.6	66.8*	57.7	62.5*
	Mothers reporting appropriate care-seeking behavior	24.9	44.3	42.8	57.5

REACH key indicators are shaded

\* The difference between these baseline and EOP findings is not statistically significant

Round 1 and 2 grants started in late 2003 and the population represented by this survey is 4.1 million living in 79 rural districts; Round 3 grants started in January 2005 and the population represented by this survey is 2.3 million living in 25 rural districts and 6 sectors of Kabul city.